



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT SALEM HOSPITAL

City of Hospital: Salem

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1984269.7
Outpatient Patient Service Revenue	\$56649435
Total Gross Patient Service Revenue	\$58633704.7

2. Deductions From Revenue

Contractual Allowance	\$37422599
Other Deductions	\$0
Total Deductions	\$37422599

3. Total Operating Revenue

Net Patient Service Revenue	\$21211105
Other Operating Revenue	\$583677
Total Operating Revenue	\$21794782

4. Operating Expenses

Salaries and Wages	\$4627911	Employee Benefits	\$1165505
Depreciation and Amortization	\$458534	Interest Expense	\$0
Bad Debt	\$2031453	Other Expenses	\$10213923
Total Operating Expenses	\$18497326		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3297456	Total Assets	\$6956686
Net Non-operating Gains over Loss	\$-12000	Total Liabilities	\$5907720

Total Net Gains	\$3285456
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26902828	\$17584058	\$9318770
Medicaid	\$14140084	\$11901094	\$2238990
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17590792	\$6847761	\$10743031
Total	\$58633704	\$36332913	\$22300791

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$57226	\$-57226

Number of Medical Professionals Trained	N/A
Number of Hospital Patients Educated	81
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$1089687
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$288639	
HCI Payments	\$0		
Subtotal	\$0	\$288639	\$-288639
Medicaid Shortfalls	\$1663239	\$4504297	
Subtotal	\$1663239	\$4792936	\$-3129697
DSH Payments	\$0		
Subtotal	\$1663239	\$4792936	\$-3129697
Medicare Shortfalls	\$8895341	\$7126092	
Other Government Programs	\$0	\$0	
Total	\$10558580	\$11919028	\$-1360448

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$31238	\$-31238
Community Assessment	\$0	\$32702	\$-32702
Provision of Taxes	\$0	\$758834	\$-758834
Other Allocations	\$0	\$0	\$0

Comments

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